

(1) PLACE OF BIRTH

County of Anderson

Township of .....

OF

Inc. Town of .....

OF

City of Anderson (No. .... St.; .... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

James Frazer

If child is not yet named, make supplemental report as directed

(3) SEX OR

MALE

(4) Twin or Triplet

No

(5) Number in order of birth

1

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH

(Name of Month) (Day) (Year)

Feb 1 1923

FATHER.

(8) FULL NAME

Louis Frazer

(9) PRESENT POSTOFFICE OF FATHER

Anderson, S. C.

(10) COLOR OR RACE

colored

(11) AGE AT LAST BIRTHDAY

26

(12) BIRTHPLACE

Anderson Co

(13) OCCUPATION

Laborer

(14) Number of children born to mother, including present birth

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Louise Frazer

(15) PRESENT POSTOFFICE OF MOTHER

Anderson, S. C.

(16) COLOR OR RACE

colored

(17) AGE AT LAST BIRTHDAY

27

(18) BIRTHPLACE

Anderson Co

(19) OCCUPATION

Domestic

(20) Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was

alive at ..... M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 23 is signed in blank)

(26) Filed

(27) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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